

11/14/01



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PTO/SB/05 (11-00)

UTILITY  
PATENT APPLICATION  
TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. 42390P12396  
First Inventor Eugene P. Matter  
Title MEMORY ADAPTED TO PROVIDE DEDICATED AND OR SHARED  
Express Mail Label No. EL414997159US

## APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents

ADDRESS TO:

Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original and a duplicate for fee processing)
2. ☐ Applicant claims small entity status.  
See 37 CFR 1.27.
3. ☒ Specification [Total Pages 22]  
(preferred arrangement set forth below)  
- Descriptive title of the Invention  
- Cross References to Related Applications  
- Statement Regarding Fed sponsored R & D  
- Reference to sequence listing, a table,  
or a computer program listing appendix  
- Background of the Invention  
- Brief Summary of the Invention  
- Brief Description of the Drawings (if filed)  
- Detailed Description  
- Claim(s)  
- Abstract of the Disclosure
4. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets 3]
5. ☐ Oath or Declaration [Total Pages 4]  
a. ☐ Newly executed (original or copy)  
b. ☐ Copy from a prior application (37 C.F.R. § 1.63(d))  
(for continuation/divisional with Box 18 completed)  
i. ☐ **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s)  
named in the prior application, see 37 CFR  
1.63(d)(2) and 1.33(b).  
c. ☐ Unsigned
6. ☐ Application Data Sheet. See 37 CFR 1.76

7. ☐ CD-ROM or CD-R in duplicate, large table or  
Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission  
(if applicable, all necessary)  
a. ☐ Computer Readable Form (CRF)  
b. Specification Sequence Listing on:  
i. ☐ CD-ROM or CD-R (2 copies); or  
ii. ☐ paper  
c. ☐ Statements verifying identity of above copies

## ACCOMPANYING APPLICATION PARTS

9. ☐ Assignment Papers (cover sheet & document(s))
10. ☐ 37 C.F.R. § 3.73(b) Statement ☐ Power of Attorney  
(when there is an assignee)
11. ☐ English Translation Document (if applicable)
12. ☐ Information Disclosure ☐ Copies of IDS  
Statement (IDS)/PTO-1449 Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s)  
(if foreign priority is claimed)
16. ☐ Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i).  
Applicant must attach form PTO/SB/35 or its equivalent.
17. ☐ Other: .....

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:  
☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No: \_\_\_\_\_

Prior application Information: Examiner \_\_\_\_\_

Group/Art Unit: \_\_\_\_\_

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

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| <b>FEE TRANSMITTAL<br/>for FY 2000</b>             |  | <b>Complete if Known</b> |                   |
|--|--|--------------------------|-------------------|
| <i>Patent fees are subject to annual revision.</i> |  | Application Number       |                   |
|  |  | Filing Date              | November 14, 2001 |
|  |  | First Named Inventor     | Eugene P. Matter  |
|  |  | Examiner Name            |                   |
|  |  | Group/Art Unit           |                   |
|  |  | Attorney Docket No.      | 42390P12396       |
| <b>TOTAL AMOUNT OF PAYMENT</b> (\$)                |  | 1,076.00                 |                   |

  

| METHOD OF PAYMENT (check one)   | FEE CALCULATION (continued)  |  |                 |                          |                |          |          |  |         |         |                    |                                     |         |         |                   |   |         |         |                  |                           |         |           |                    |  |         |          |                        |  |                     |            |            |   |              |              |                |   |                                    |              |          |  |  |             |         |   |                     |           |         |  |              |              |                 |   |          |          |         |                  |        |         |                        |  |        |         |                                   |                          |         |           |                                       |   |        |         |   |                                  |        |           |   |                                    |                     |           |         |                                |  |                   |         |                  |  |                          |         |                    |  |         |         |                               |                |                                      |         |   |  |         |          |   |  |        |        |  |  |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                           |  |  |  |                                    |  |  |  |                     |  |      |  |
|---|--|--|-----------------|--------------------------|----------------|----------|----------|--|---------|---------|--------------------|-------------------------------------|---------|---------|-------------------|---|---------|---------|------------------|---------------------------|---------|-----------|--------------------|--|---------|----------|------------------------|--|---------------------|------------|------------|---|--------------|--------------|----------------|---|------------------------------------|--------------|----------|--|--|-------------|---------|---|---------------------|-----------|---------|--|--------------|--------------|-----------------|---|----------|----------|---------|------------------|--------|---------|------------------------|--|--------|---------|-----------------------------------|--------------------------|---------|-----------|---------------------------------------|---|--------|---------|---|----------------------------------|--------|-----------|---|------------------------------------|---------------------|-----------|---------|--------------------------------|--|-------------------|---------|------------------|--|--------------------------|---------|--------------------|--|---------|---------|-------------------------------|----------------|--------------------------------------|---------|---|--|---------|----------|---|--|--------|--------|--|--|---------|---------|---|--|---------|---------|--|--|---------|---------|---|--|---------|---------|---|--|---------------------------|--|--|--|---------------------------|--|--|--|------------------------------------|--|--|--|---------------------|--|------|--|
| <p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to credit any overpayments to:</p> <div style="border: 1px solid black; padding: 2px; margin: 5px 0;">Deposit Account Number: 02-2666</div> <div style="border: 1px solid black; padding: 2px; margin: 5px 0;">Deposit Account Name: Blakely, Sokoloff, Taylor &amp; Zafman LLP</div> <p><input checked="" type="checkbox"/> Charge Any Additional Fee(s) Required Under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.</p> <p><input type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27.</p> <p>2. <input checked="" type="checkbox"/> Payment Enclosed:</p> <p><input checked="" type="checkbox"/> Check   <input type="checkbox"/> Credit card   <input type="checkbox"/> Money Order   <input type="checkbox"/> Other</p>   | <p>3. <b>ADDITIONAL FEE</b></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Large Entity</th> <th style="text-align: left;">Small Entity</th> <th style="text-align: left;">Fee Description</th> <th style="text-align: left;">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee Code</th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>105 130</td> <td>205 65</td> <td>Surcharge - late filing fee or oath</td> <td></td> </tr> <tr> <td>127 50</td> <td>227 25</td> <td>Surcharge - late provisional filing fee or cover sheet.</td> <td></td> </tr> <tr> <td>139 130</td> <td>139 130</td> <td>Non-English specification</td> <td></td> </tr> <tr> <td>147 2,520</td> <td>147 2,520</td> <td>For filing a request for reexamination</td> <td></td> </tr> <tr> <td>112 920*</td> <td>112 920*</td> <td>Requesting publication of SIR prior to Examiner action</td> <td></td> </tr> <tr> <td>113 1,840*</td> <td>113 1,840*</td> <td>Requesting publication of SIR after Examiner action</td> <td></td> </tr> <tr> <td>115 110</td> <td>215 55</td> <td>Extension for response within first month</td> <td></td> </tr> <tr> <td>116 400</td> <td>216 200</td> <td>Extension for response within second month</td> <td></td> </tr> <tr> <td>117 920</td> <td>217 460</td> <td>Extension for response within third month</td> <td></td> </tr> <tr> <td>118 1,440</td> <td>218 720</td> <td>Extension for response within fourth month</td> <td></td> </tr> <tr> <td>128 1,960</td> <td>228 980</td> <td>Extension for response within fifth month</td> <td></td> </tr> <tr> <td>119 310</td> <td>219 155</td> <td>Notice of Appeal</td> <td></td> </tr> <tr> <td>120 310</td> <td>220 155</td> <td>Filing a brief in support of an appeal</td> <td></td> </tr> <tr> <td>121 270</td> <td>221 135</td> <td>Request for oral hearing</td> <td></td> </tr> <tr> <td>138 1,510</td> <td>138 1,510</td> <td>Petition to institute a public use proceeding</td> <td></td> </tr> <tr> <td>140 110</td> <td>240 55</td> <td>Petition to revive - unavoidable</td> <td></td> </tr> <tr> <td>141 1,240</td> <td>241 620</td> <td>Petition to revive - unintentional</td> <td></td> </tr> <tr> <td>142 1,280</td> <td>242 640</td> <td>Utility issue fee (or reissue)</td> <td></td> </tr> <tr> <td>143 460</td> <td>243 230</td> <td>Design issue fee</td> <td></td> </tr> <tr> <td>144 620</td> <td>244 310</td> <td>Plant issue fee</td> <td></td> </tr> <tr> <td>122 130</td> <td>122 130</td> <td>Petitions to the Commissioner</td> <td></td> </tr> <tr> <td>123 130</td> <td>123 130</td> <td>Petitions related to provisional applications</td> <td></td> </tr> <tr> <td>126 180</td> <td>126 180</td> <td>Submission of Information Disclosure Stmt</td> <td></td> </tr> <tr> <td>581 40</td> <td>581 40</td> <td>Recording each patent assignment per property (times number of properties)</td> <td></td> </tr> <tr> <td>146 710</td> <td>246 355</td> <td>Filing a submission after final rejection (37 CFR § 1.129(a))</td> <td></td> </tr> <tr> <td>149 710</td> <td>249 355</td> <td>For each additional invention to be examined (37 CFR § 1.129(b))</td> <td></td> </tr> <tr> <td>179 740</td> <td>279 370</td> <td>Request for Continued Examination (RCE)</td> <td></td> </tr> <tr> <td>169 900</td> <td>169 900</td> <td>Request for expedited examination of a design application</td> <td></td> </tr> <tr> <td colspan="2">Other fee (specify) _____</td> <td></td> <td></td> </tr> <tr> <td colspan="2">Other fee (specify) _____</td> <td></td> <td></td> </tr> <tr> <td colspan="2">* Reduced by Basic Filing Fee Paid</td> <td></td> <td></td> </tr> <tr> <td colspan="2" style="text-align: right;"><b>SUBTOTAL (3)</b></td> <td style="text-align: right;">(\$)</td> <td></td> </tr> </tbody> </table> | Large Entity   | Small Entity    | Fee Description          | Fee Paid       | Fee Code | Fee Code |  |         | 105 130 | 205 65             | Surcharge - late filing fee or oath |         | 127 50  | 227 25            | Surcharge - late provisional filing fee or cover sheet. |         | 139 130 | 139 130          | Non-English specification |         | 147 2,520 | 147 2,520          | For filing a request for reexamination |         | 112 920* | 112 920*               | Requesting publication of SIR prior to Examiner action |                     | 113 1,840* | 113 1,840* | Requesting publication of SIR after Examiner action |              | 115 110      | 215 55         | Extension for response within first month |                                    | 116 400      | 216 200  | Extension for response within second month |  | 117 920     | 217 460 | Extension for response within third month |                     | 118 1,440 | 218 720 | Extension for response within fourth month |              | 128 1,960    | 228 980         | Extension for response within fifth month |          | 119 310  | 219 155 | Notice of Appeal |        | 120 310 | 220 155                | Filing a brief in support of an appeal |        | 121 270 | 221 135                           | Request for oral hearing |         | 138 1,510 | 138 1,510                             | Petition to institute a public use proceeding |        | 140 110 | 240 55  | Petition to revive - unavoidable |        | 141 1,240 | 241 620   | Petition to revive - unintentional |                     | 142 1,280 | 242 640 | Utility issue fee (or reissue) |  | 143 460           | 243 230 | Design issue fee |  | 144 620                  | 244 310 | Plant issue fee    |  | 122 130 | 122 130 | Petitions to the Commissioner |                | 123 130                              | 123 130 | Petitions related to provisional applications |  | 126 180 | 126 180  | Submission of Information Disclosure Stmt |  | 581 40 | 581 40 | Recording each patent assignment per property (times number of properties) |  | 146 710 | 246 355 | Filing a submission after final rejection (37 CFR § 1.129(a)) |  | 149 710 | 249 355 | For each additional invention to be examined (37 CFR § 1.129(b)) |  | 179 740 | 279 370 | Request for Continued Examination (RCE) |  | 169 900 | 169 900 | Request for expedited examination of a design application |  | Other fee (specify) _____ |  |  |  | Other fee (specify) _____ |  |  |  | * Reduced by Basic Filing Fee Paid |  |  |  | <b>SUBTOTAL (3)</b> |  | (\$) |  |
| Large Entity  | Small Entity   | Fee Description  | Fee Paid        |                          |                |          |          |  |         |         |                    |                                     |         |         |                   |   |         |         |                  |                           |         |           |                    |  |         |          |                        |  |                     |            |            |   |              |              |                |   |                                    |              |          |  |  |             |         |   |                     |           |         |  |              |              |                 |   |          |          |         |                  |        |         |                        |  |        |         |                                   |                          |         |           |                                       |   |        |         |   |                                  |        |           |   |                                    |                     |           |         |                                |  |                   |         |                  |  |                          |         |                    |  |         |         |                               |                |                                      |         |   |  |         |          |   |  |        |        |  |  |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                           |  |  |  |                                    |  |  |  |                     |  |      |  |
| Fee Code  | Fee Code   |  |                 |                          |                |          |          |  |         |         |                    |                                     |         |         |                   |   |         |         |                  |                           |         |           |                    |  |         |          |                        |  |                     |            |            |   |              |              |                |   |                                    |              |          |  |  |             |         |   |                     |           |         |  |              |              |                 |   |          |          |         |                  |        |         |                        |  |        |         |                                   |                          |         |           |                                       |   |        |         |   |                                  |        |           |   |                                    |                     |           |         |                                |  |                   |         |                  |  |                          |         |                    |  |         |         |                               |                |                                      |         |   |  |         |          |   |  |        |        |  |  |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                           |  |  |  |                                    |  |  |  |                     |  |      |  |
| 105 130   | 205 65   | Surcharge - late filing fee or oath  |                 |                          |                |          |          |  |         |         |                    |                                     |         |         |                   |   |         |         |                  |                           |         |           |                    |  |         |          |                        |  |                     |            |            |   |              |              |                |   |                                    |              |          |  |  |             |         |   |                     |           |         |  |              |              |                 |   |          |          |         |                  |        |         |                        |  |        |         |                                   |                          |         |           |                                       |   |        |         |   |                                  |        |           |   |                                    |                     |           |         |                                |  |                   |         |                  |  |                          |         |                    |  |         |         |                               |                |                                      |         |   |  |         |          |   |  |        |        |  |  |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                           |  |  |  |                                    |  |  |  |                     |  |      |  |
| 127 50  | 227 25   | Surcharge - late provisional filing fee or cover sheet.                    |                 |                          |                |          |          |  |         |         |                    |                                     |         |         |                   |   |         |         |                  |                           |         |           |                    |  |         |          |                        |  |                     |            |            |   |              |              |                |   |                                    |              |          |  |  |             |         |   |                     |           |         |  |              |              |                 |   |          |          |         |                  |        |         |                        |  |        |         |                                   |                          |         |           |                                       |   |        |         |   |                                  |        |           |   |                                    |                     |           |         |                                |  |                   |         |                  |  |                          |         |                    |  |         |         |                               |                |                                      |         |   |  |         |          |   |  |        |        |  |  |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                           |  |  |  |                                    |  |  |  |                     |  |      |  |
| 139 130   | 139 130  | Non-English specification  |                 |                          |                |          |          |  |         |         |                    |                                     |         |         |                   |   |         |         |                  |                           |         |           |                    |  |         |          |                        |  |                     |            |            |   |              |              |                |   |                                    |              |          |  |  |             |         |   |                     |           |         |  |              |              |                 |   |          |          |         |                  |        |         |                        |  |        |         |                                   |                          |         |           |                                       |   |        |         |   |                                  |        |           |   |                                    |                     |           |         |                                |  |                   |         |                  |  |                          |         |                    |  |         |         |                               |                |                                      |         |   |  |         |          |   |  |        |        |  |  |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                           |  |  |  |                                    |  |  |  |                     |  |      |  |
| 147 2,520   | 147 2,520  | For filing a request for reexamination                                     |                 |                          |                |          |          |  |         |         |                    |                                     |         |         |                   |   |         |         |                  |                           |         |           |                    |  |         |          |                        |  |                     |            |            |   |              |              |                |   |                                    |              |          |  |  |             |         |   |                     |           |         |  |              |              |                 |   |          |          |         |                  |        |         |                        |  |        |         |                                   |                          |         |           |                                       |   |        |         |   |                                  |        |           |   |                                    |                     |           |         |                                |  |                   |         |                  |  |                          |         |                    |  |         |         |                               |                |                                      |         |   |  |         |          |   |  |        |        |  |  |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                           |  |  |  |                                    |  |  |  |                     |  |      |  |
| 112 920*  | 112 920*   | Requesting publication of SIR prior to Examiner action                     |                 |                          |                |          |          |  |         |         |                    |                                     |         |         |                   |   |         |         |                  |                           |         |           |                    |  |         |          |                        |  |                     |            |            |   |              |              |                |   |                                    |              |          |  |  |             |         |   |                     |           |         |  |              |              |                 |   |          |          |         |                  |        |         |                        |  |        |         |                                   |                          |         |           |                                       |   |        |         |   |                                  |        |           |   |                                    |                     |           |         |                                |  |                   |         |                  |  |                          |         |                    |  |         |         |                               |                |                                      |         |   |  |         |          |   |  |        |        |  |  |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                           |  |  |  |                                    |  |  |  |                     |  |      |  |
| 113 1,840*  | 113 1,840*   | Requesting publication of SIR after Examiner action                        |                 |                          |                |          |          |  |         |         |                    |                                     |         |         |                   |   |         |         |                  |                           |         |           |                    |  |         |          |                        |  |                     |            |            |   |              |              |                |   |                                    |              |          |  |  |             |         |   |                     |           |         |  |              |              |                 |   |          |          |         |                  |        |         |                        |  |        |         |                                   |                          |         |           |                                       |   |        |         |   |                                  |        |           |   |                                    |                     |           |         |                                |  |                   |         |                  |  |                          |         |                    |  |         |         |                               |                |                                      |         |   |  |         |          |   |  |        |        |  |  |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                           |  |  |  |                                    |  |  |  |                     |  |      |  |
| 115 110   | 215 55   | Extension for response within first month                                  |                 |                          |                |          |          |  |         |         |                    |                                     |         |         |                   |   |         |         |                  |                           |         |           |                    |  |         |          |                        |  |                     |            |            |   |              |              |                |   |                                    |              |          |  |  |             |         |   |                     |           |         |  |              |              |                 |   |          |          |         |                  |        |         |                        |  |        |         |                                   |                          |         |           |                                       |   |        |         |   |                                  |        |           |   |                                    |                     |           |         |                                |  |                   |         |                  |  |                          |         |                    |  |         |         |                               |                |                                      |         |   |  |         |          |   |  |        |        |  |  |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                           |  |  |  |                                    |  |  |  |                     |  |      |  |
| 116 400   | 216 200  | Extension for response within second month                                 |                 |                          |                |          |          |  |         |         |                    |                                     |         |         |                   |   |         |         |                  |                           |         |           |                    |  |         |          |                        |  |                     |            |            |   |              |              |                |   |                                    |              |          |  |  |             |         |   |                     |           |         |  |              |              |                 |   |          |          |         |                  |        |         |                        |  |        |         |                                   |                          |         |           |                                       |   |        |         |   |                                  |        |           |   |                                    |                     |           |         |                                |  |                   |         |                  |  |                          |         |                    |  |         |         |                               |                |                                      |         |   |  |         |          |   |  |        |        |  |  |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                           |  |  |  |                                    |  |  |  |                     |  |      |  |
| 117 920   | 217 460  | Extension for response within third month                                  |                 |                          |                |          |          |  |         |         |                    |                                     |         |         |                   |   |         |         |                  |                           |         |           |                    |  |         |          |                        |  |                     |            |            |   |              |              |                |   |                                    |              |          |  |  |             |         |   |                     |           |         |  |              |              |                 |   |          |          |         |                  |        |         |                        |  |        |         |                                   |                          |         |           |                                       |   |        |         |   |                                  |        |           |   |                                    |                     |           |         |                                |  |                   |         |                  |  |                          |         |                    |  |         |         |                               |                |                                      |         |   |  |         |          |   |  |        |        |  |  |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                           |  |  |  |                                    |  |  |  |                     |  |      |  |
| 118 1,440   | 218 720  | Extension for response within fourth month                                 |                 |                          |                |          |          |  |         |         |                    |                                     |         |         |                   |   |         |         |                  |                           |         |           |                    |  |         |          |                        |  |                     |            |            |   |              |              |                |   |                                    |              |          |  |  |             |         |   |                     |           |         |  |              |              |                 |   |          |          |         |                  |        |         |                        |  |        |         |                                   |                          |         |           |                                       |   |        |         |   |                                  |        |           |   |                                    |                     |           |         |                                |  |                   |         |                  |  |                          |         |                    |  |         |         |                               |                |                                      |         |   |  |         |          |   |  |        |        |  |  |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                           |  |  |  |                                    |  |  |  |                     |  |      |  |
| 128 1,960   | 228 980  | Extension for response within fifth month                                  |                 |                          |                |          |          |  |         |         |                    |                                     |         |         |                   |   |         |         |                  |                           |         |           |                    |  |         |          |                        |  |                     |            |            |   |              |              |                |   |                                    |              |          |  |  |             |         |   |                     |           |         |  |              |              |                 |   |          |          |         |                  |        |         |                        |  |        |         |                                   |                          |         |           |                                       |   |        |         |   |                                  |        |           |   |                                    |                     |           |         |                                |  |                   |         |                  |  |                          |         |                    |  |         |         |                               |                |                                      |         |   |  |         |          |   |  |        |        |  |  |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                           |  |  |  |                                    |  |  |  |                     |  |      |  |
| 119 310   | 219 155  | Notice of Appeal   |                 |                          |                |          |          |  |         |         |                    |                                     |         |         |                   |   |         |         |                  |                           |         |           |                    |  |         |          |                        |  |                     |            |            |   |              |              |                |   |                                    |              |          |  |  |             |         |   |                     |           |         |  |              |              |                 |   |          |          |         |                  |        |         |                        |  |        |         |                                   |                          |         |           |                                       |   |        |         |   |                                  |        |           |   |                                    |                     |           |         |                                |  |                   |         |                  |  |                          |         |                    |  |         |         |                               |                |                                      |         |   |  |         |          |   |  |        |        |  |  |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                           |  |  |  |                                    |  |  |  |                     |  |      |  |
| 120 310   | 220 155  | Filing a brief in support of an appeal                                     |                 |                          |                |          |          |  |         |         |                    |                                     |         |         |                   |   |         |         |                  |                           |         |           |                    |  |         |          |                        |  |                     |            |            |   |              |              |                |   |                                    |              |          |  |  |             |         |   |                     |           |         |  |              |              |                 |   |          |          |         |                  |        |         |                        |  |        |         |                                   |                          |         |           |                                       |   |        |         |   |                                  |        |           |   |                                    |                     |           |         |                                |  |                   |         |                  |  |                          |         |                    |  |         |         |                               |                |                                      |         |   |  |         |          |   |  |        |        |  |  |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                           |  |  |  |                                    |  |  |  |                     |  |      |  |
| 121 270   | 221 135  | Request for oral hearing   |                 |                          |                |          |          |  |         |         |                    |                                     |         |         |                   |   |         |         |                  |                           |         |           |                    |  |         |          |                        |  |                     |            |            |   |              |              |                |   |                                    |              |          |  |  |             |         |   |                     |           |         |  |              |              |                 |   |          |          |         |                  |        |         |                        |  |        |         |                                   |                          |         |           |                                       |   |        |         |   |                                  |        |           |   |                                    |                     |           |         |                                |  |                   |         |                  |  |                          |         |                    |  |         |         |                               |                |                                      |         |   |  |         |          |   |  |        |        |  |  |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                           |  |  |  |                                    |  |  |  |                     |  |      |  |
| 138 1,510   | 138 1,510  | Petition to institute a public use proceeding                              |                 |                          |                |          |          |  |         |         |                    |                                     |         |         |                   |   |         |         |                  |                           |         |           |                    |  |         |          |                        |  |                     |            |            |   |              |              |                |   |                                    |              |          |  |  |             |         |   |                     |           |         |  |              |              |                 |   |          |          |         |                  |        |         |                        |  |        |         |                                   |                          |         |           |                                       |   |        |         |   |                                  |        |           |   |                                    |                     |           |         |                                |  |                   |         |                  |  |                          |         |                    |  |         |         |                               |                |                                      |         |   |  |         |          |   |  |        |        |  |  |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                           |  |  |  |                                    |  |  |  |                     |  |      |  |
| 140 110   | 240 55   | Petition to revive - unavoidable   |                 |                          |                |          |          |  |         |         |                    |                                     |         |         |                   |   |         |         |                  |                           |         |           |                    |  |         |          |                        |  |                     |            |            |   |              |              |                |   |                                    |              |          |  |  |             |         |   |                     |           |         |  |              |              |                 |   |          |          |         |                  |        |         |                        |  |        |         |                                   |                          |         |           |                                       |   |        |         |   |                                  |        |           |   |                                    |                     |           |         |                                |  |                   |         |                  |  |                          |         |                    |  |         |         |                               |                |                                      |         |   |  |         |          |   |  |        |        |  |  |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                           |  |  |  |                                    |  |  |  |                     |  |      |  |
| 141 1,240   | 241 620  | Petition to revive - unintentional   |                 |                          |                |          |          |  |         |         |                    |                                     |         |         |                   |   |         |         |                  |                           |         |           |                    |  |         |          |                        |  |                     |            |            |   |              |              |                |   |                                    |              |          |  |  |             |         |   |                     |           |         |  |              |              |                 |   |          |          |         |                  |        |         |                        |  |        |         |                                   |                          |         |           |                                       |   |        |         |   |                                  |        |           |   |                                    |                     |           |         |                                |  |                   |         |                  |  |                          |         |                    |  |         |         |                               |                |                                      |         |   |  |         |          |   |  |        |        |  |  |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                           |  |  |  |                                    |  |  |  |                     |  |      |  |
| 142 1,280   | 242 640  | Utility issue fee (or reissue)   |                 |                          |                |          |          |  |         |         |                    |                                     |         |         |                   |   |         |         |                  |                           |         |           |                    |  |         |          |                        |  |                     |            |            |   |              |              |                |   |                                    |              |          |  |  |             |         |   |                     |           |         |  |              |              |                 |   |          |          |         |                  |        |         |                        |  |        |         |                                   |                          |         |           |                                       |   |        |         |   |                                  |        |           |   |                                    |                     |           |         |                                |  |                   |         |                  |  |                          |         |                    |  |         |         |                               |                |                                      |         |   |  |         |          |   |  |        |        |  |  |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                           |  |  |  |                                    |  |  |  |                     |  |      |  |
| 143 460   | 243 230  | Design issue fee   |                 |                          |                |          |          |  |         |         |                    |                                     |         |         |                   |   |         |         |                  |                           |         |           |                    |  |         |          |                        |  |                     |            |            |   |              |              |                |   |                                    |              |          |  |  |             |         |   |                     |           |         |  |              |              |                 |   |          |          |         |                  |        |         |                        |  |        |         |                                   |                          |         |           |                                       |   |        |         |   |                                  |        |           |   |                                    |                     |           |         |                                |  |                   |         |                  |  |                          |         |                    |  |         |         |                               |                |                                      |         |   |  |         |          |   |  |        |        |  |  |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                           |  |  |  |                                    |  |  |  |                     |  |      |  |
| 144 620   | 244 310  | Plant issue fee  |                 |                          |                |          |          |  |         |         |                    |                                     |         |         |                   |   |         |         |                  |                           |         |           |                    |  |         |          |                        |  |                     |            |            |   |              |              |                |   |                                    |              |          |  |  |             |         |   |                     |           |         |  |              |              |                 |   |          |          |         |                  |        |         |                        |  |        |         |                                   |                          |         |           |                                       |   |        |         |   |                                  |        |           |   |                                    |                     |           |         |                                |  |                   |         |                  |  |                          |         |                    |  |         |         |                               |                |                                      |         |   |  |         |          |   |  |        |        |  |  |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                           |  |  |  |                                    |  |  |  |                     |  |      |  |
| 122 130   | 122 130  | Petitions to the Commissioner  |                 |                          |                |          |          |  |         |         |                    |                                     |         |         |                   |   |         |         |                  |                           |         |           |                    |  |         |          |                        |  |                     |            |            |   |              |              |                |   |                                    |              |          |  |  |             |         |   |                     |           |         |  |              |              |                 |   |          |          |         |                  |        |         |                        |  |        |         |                                   |                          |         |           |                                       |   |        |         |   |                                  |        |           |   |                                    |                     |           |         |                                |  |                   |         |                  |  |                          |         |                    |  |         |         |                               |                |                                      |         |   |  |         |          |   |  |        |        |  |  |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                           |  |  |  |                                    |  |  |  |                     |  |      |  |
| 123 130   | 123 130  | Petitions related to provisional applications                              |                 |                          |                |          |          |  |         |         |                    |                                     |         |         |                   |   |         |         |                  |                           |         |           |                    |  |         |          |                        |  |                     |            |            |   |              |              |                |   |                                    |              |          |  |  |             |         |   |                     |           |         |  |              |              |                 |   |          |          |         |                  |        |         |                        |  |        |         |                                   |                          |         |           |                                       |   |        |         |   |                                  |        |           |   |                                    |                     |           |         |                                |  |                   |         |                  |  |                          |         |                    |  |         |         |                               |                |                                      |         |   |  |         |          |   |  |        |        |  |  |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                           |  |  |  |                                    |  |  |  |                     |  |      |  |
| 126 180   | 126 180  | Submission of Information Disclosure Stmt                                  |                 |                          |                |          |          |  |         |         |                    |                                     |         |         |                   |   |         |         |                  |                           |         |           |                    |  |         |          |                        |  |                     |            |            |   |              |              |                |   |                                    |              |          |  |  |             |         |   |                     |           |         |  |              |              |                 |   |          |          |         |                  |        |         |                        |  |        |         |                                   |                          |         |           |                                       |   |        |         |   |                                  |        |           |   |                                    |                     |           |         |                                |  |                   |         |                  |  |                          |         |                    |  |         |         |                               |                |                                      |         |   |  |         |          |   |  |        |        |  |  |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                           |  |  |  |                                    |  |  |  |                     |  |      |  |
| 581 40  | 581 40   | Recording each patent assignment per property (times number of properties) |                 |                          |                |          |          |  |         |         |                    |                                     |         |         |                   |   |         |         |                  |                           |         |           |                    |  |         |          |                        |  |                     |            |            |   |              |              |                |   |                                    |              |          |  |  |             |         |   |                     |           |         |  |              |              |                 |   |          |          |         |                  |        |         |                        |  |        |         |                                   |                          |         |           |                                       |   |        |         |   |                                  |        |           |   |                                    |                     |           |         |                                |  |                   |         |                  |  |                          |         |                    |  |         |         |                               |                |                                      |         |   |  |         |          |   |  |        |        |  |  |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                           |  |  |  |                                    |  |  |  |                     |  |      |  |
| 146 710   | 246 355  | Filing a submission after final rejection (37 CFR § 1.129(a))              |                 |                          |                |          |          |  |         |         |                    |                                     |         |         |                   |   |         |         |                  |                           |         |           |                    |  |         |          |                        |  |                     |            |            |   |              |              |                |   |                                    |              |          |  |  |             |         |   |                     |           |         |  |              |              |                 |   |          |          |         |                  |        |         |                        |  |        |         |                                   |                          |         |           |                                       |   |        |         |   |                                  |        |           |   |                                    |                     |           |         |                                |  |                   |         |                  |  |                          |         |                    |  |         |         |                               |                |                                      |         |   |  |         |          |   |  |        |        |  |  |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                           |  |  |  |                                    |  |  |  |                     |  |      |  |
| 149 710   | 249 355  | For each additional invention to be examined (37 CFR § 1.129(b))           |                 |                          |                |          |          |  |         |         |                    |                                     |         |         |                   |   |         |         |                  |                           |         |           |                    |  |         |          |                        |  |                     |            |            |   |              |              |                |   |                                    |              |          |  |  |             |         |   |                     |           |         |  |              |              |                 |   |          |          |         |                  |        |         |                        |  |        |         |                                   |                          |         |           |                                       |   |        |         |   |                                  |        |           |   |                                    |                     |           |         |                                |  |                   |         |                  |  |                          |         |                    |  |         |         |                               |                |                                      |         |   |  |         |          |   |  |        |        |  |  |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                           |  |  |  |                                    |  |  |  |                     |  |      |  |
| 179 740   | 279 370  | Request for Continued Examination (RCE)                                    |                 |                          |                |          |          |  |         |         |                    |                                     |         |         |                   |   |         |         |                  |                           |         |           |                    |  |         |          |                        |  |                     |            |            |   |              |              |                |   |                                    |              |          |  |  |             |         |   |                     |           |         |  |              |              |                 |   |          |          |         |                  |        |         |                        |  |        |         |                                   |                          |         |           |                                       |   |        |         |   |                                  |        |           |   |                                    |                     |           |         |                                |  |                   |         |                  |  |                          |         |                    |  |         |         |                               |                |                                      |         |   |  |         |          |   |  |        |        |  |  |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                           |  |  |  |                                    |  |  |  |                     |  |      |  |
| 169 900   | 169 900  | Request for expedited examination of a design application                  |                 |                          |                |          |          |  |         |         |                    |                                     |         |         |                   |   |         |         |                  |                           |         |           |                    |  |         |          |                        |  |                     |            |            |   |              |              |                |   |                                    |              |          |  |  |             |         |   |                     |           |         |  |              |              |                 |   |          |          |         |                  |        |         |                        |  |        |         |                                   |                          |         |           |                                       |   |        |         |   |                                  |        |           |   |                                    |                     |           |         |                                |  |                   |         |                  |  |                          |         |                    |  |         |         |                               |                |                                      |         |   |  |         |          |   |  |        |        |  |  |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                           |  |  |  |                                    |  |  |  |                     |  |      |  |
| Other fee (specify) _____   |  |  |                 |                          |                |          |          |  |         |         |                    |                                     |         |         |                   |   |         |         |                  |                           |         |           |                    |  |         |          |                        |  |                     |            |            |   |              |              |                |   |                                    |              |          |  |  |             |         |   |                     |           |         |  |              |              |                 |   |          |          |         |                  |        |         |                        |  |        |         |                                   |                          |         |           |                                       |   |        |         |   |                                  |        |           |   |                                    |                     |           |         |                                |  |                   |         |                  |  |                          |         |                    |  |         |         |                               |                |                                      |         |   |  |         |          |   |  |        |        |  |  |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                           |  |  |  |                                    |  |  |  |                     |  |      |  |
| Other fee (specify) _____   |  |  |                 |                          |                |          |          |  |         |         |                    |                                     |         |         |                   |   |         |         |                  |                           |         |           |                    |  |         |          |                        |  |                     |            |            |   |              |              |                |   |                                    |              |          |  |  |             |         |   |                     |           |         |  |              |              |                 |   |          |          |         |                  |        |         |                        |  |        |         |                                   |                          |         |           |                                       |   |        |         |   |                                  |        |           |   |                                    |                     |           |         |                                |  |                   |         |                  |  |                          |         |                    |  |         |         |                               |                |                                      |         |   |  |         |          |   |  |        |        |  |  |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                           |  |  |  |                                    |  |  |  |                     |  |      |  |
| * Reduced by Basic Filing Fee Paid  |  |  |                 |                          |                |          |          |  |         |         |                    |                                     |         |         |                   |   |         |         |                  |                           |         |           |                    |  |         |          |                        |  |                     |            |            |   |              |              |                |   |                                    |              |          |  |  |             |         |   |                     |           |         |  |              |              |                 |   |          |          |         |                  |        |         |                        |  |        |         |                                   |                          |         |           |                                       |   |        |         |   |                                  |        |           |   |                                    |                     |           |         |                                |  |                   |         |                  |  |                          |         |                    |  |         |         |                               |                |                                      |         |   |  |         |          |   |  |        |        |  |  |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                           |  |  |  |                                    |  |  |  |                     |  |      |  |
| <b>SUBTOTAL (3)</b>   |  | (\$)   |                 |                          |                |          |          |  |         |         |                    |                                     |         |         |                   |   |         |         |                  |                           |         |           |                    |  |         |          |                        |  |                     |            |            |   |              |              |                |   |                                    |              |          |  |  |             |         |   |                     |           |         |  |              |              |                 |   |          |          |         |                  |        |         |                        |  |        |         |                                   |                          |         |           |                                       |   |        |         |   |                                  |        |           |   |                                    |                     |           |         |                                |  |                   |         |                  |  |                          |         |                    |  |         |         |                               |                |                                      |         |   |  |         |          |   |  |        |        |  |  |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                           |  |  |  |                                    |  |  |  |                     |  |      |  |
| <p><b>1. BASIC FILING FEE</b></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Large Entity</th> <th style="text-align: left;">Small Entity</th> <th style="text-align: left;">Fee Description</th> <th style="text-align: left;">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee Code</th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>104 740</td> <td>201 370</td> <td>Utility filing fee</td> <td>740.00</td> </tr> <tr> <td>106 330</td> <td>206 165</td> <td>Design filing fee</td> <td></td> </tr> <tr> <td>107 510</td> <td>207 255</td> <td>Plant filing fee</td> <td></td> </tr> <tr> <td>108 740</td> <td>208 370</td> <td>Reissue filing fee</td> <td></td> </tr> <tr> <td>114 160</td> <td>214 80</td> <td>Provisional filing fee</td> <td></td> </tr> <tr> <td colspan="3"><b>SUBTOTAL (1)</b></td> <td style="text-align: right;">(\$) 740.00</td> </tr> </tbody> </table> <p><b>2. EXTRA CLAIM FEES</b></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Total Claims</th> <th style="text-align: left;">Extra Claims</th> <th style="text-align: left;">Fee from below</th> <th style="text-align: left;">Total</th> </tr> </thead> <tbody> <tr> <td>Independent Claims: 34 - 20** = 14</td> <td>14 X 18.00 =</td> <td>\$252.00</td> <td></td> </tr> <tr> <td>Multiple Dependent Claims: 4 - 3** = 1</td> <td>1 X 84.00 =</td> <td>\$84.00</td> <td></td> </tr> <tr> <td colspan="3"><b>SUBTOTAL (2)</b></td> <td style="text-align: right;">(\$) 336.00</td> </tr> </tbody> </table> <p><small>**or number previously paid, if greater, For Reissues, see below</small></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Large Entity</th> <th style="text-align: left;">Small Entity</th> <th style="text-align: left;">Fee Description</th> <th style="text-align: left;">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee Code</th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>103 18</td> <td>203 9</td> <td>Claims in excess of 20</td> <td></td> </tr> <tr> <td>102 84</td> <td>202 42</td> <td>Independent claims in excess of 3</td> <td></td> </tr> <tr> <td>104 260</td> <td>204 140</td> <td>Multiple Dependent claim, if not paid</td> <td></td> </tr> <tr> <td>109 84</td> <td>209 42</td> <td>**Reissue independent claims over original patent</td> <td></td> </tr> <tr> <td>110 18</td> <td>210 9</td> <td>**Reissue claims in excess of 20 and over original patent</td> <td></td> </tr> <tr> <td colspan="3"><b>SUBTOTAL (2)</b></td> <td style="text-align: right;">(\$) 336.00</td> </tr> </tbody> </table> | Large Entity   | Small Entity   | Fee Description | Fee Paid                 | Fee Code       | Fee Code |          |  | 104 740 | 201 370 | Utility filing fee | 740.00                              | 106 330 | 206 165 | Design filing fee |   | 107 510 | 207 255 | Plant filing fee |                           | 108 740 | 208 370   | Reissue filing fee |  | 114 160 | 214 80   | Provisional filing fee |  | <b>SUBTOTAL (1)</b> |            |            | (\$) 740.00   | Total Claims | Extra Claims | Fee from below | Total                                     | Independent Claims: 34 - 20** = 14 | 14 X 18.00 = | \$252.00 |  | Multiple Dependent Claims: 4 - 3** = 1 | 1 X 84.00 = | \$84.00 |   | <b>SUBTOTAL (2)</b> |           |         | (\$) 336.00                                | Large Entity | Small Entity | Fee Description | Fee Paid                                  | Fee Code | Fee Code |         |                  | 103 18 | 203 9   | Claims in excess of 20 |  | 102 84 | 202 42  | Independent claims in excess of 3 |                          | 104 260 | 204 140   | Multiple Dependent claim, if not paid |   | 109 84 | 209 42  | **Reissue independent claims over original patent |                                  | 110 18 | 210 9     | **Reissue claims in excess of 20 and over original patent |                                    | <b>SUBTOTAL (2)</b> |           |         | (\$) 336.00                    | <p><b>SUBMITTED BY</b></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center;">Name (Print/Type)</th> <th colspan="2" style="text-align: center;">Registration No.</th> <th colspan="2" style="text-align: center;">Complete (if applicable)</th> </tr> </thead> <tbody> <tr> <td colspan="2" style="padding: 5px;">Donna Jo Coningsby</td> <td colspan="2" style="padding: 5px;">41,684</td> <td style="padding: 5px;">Telephone</td> <td style="padding: 5px;">(503) 684-6200</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Signature: <i>Donna Jo Coningsby</i></td> <td colspan="2" style="padding: 5px;"></td> <td style="padding: 5px;">Date</td> <td style="padding: 5px;">11/14/01</td> </tr> </tbody> </table> | Name (Print/Type) |         | Registration No. |  | Complete (if applicable) |         | Donna Jo Coningsby |  | 41,684  |         | Telephone                     | (503) 684-6200 | Signature: <i>Donna Jo Coningsby</i> |         |   |  | Date    | 11/14/01 |   |  |        |        |  |  |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                           |  |  |  |                                    |  |  |  |                     |  |      |  |
| Large Entity  | Small Entity   | Fee Description  | Fee Paid        |                          |                |          |          |  |         |         |                    |                                     |         |         |                   |   |         |         |                  |                           |         |           |                    |  |         |          |                        |  |                     |            |            |   |              |              |                |   |                                    |              |          |  |  |             |         |   |                     |           |         |  |              |              |                 |   |          |          |         |                  |        |         |                        |  |        |         |                                   |                          |         |           |                                       |   |        |         |   |                                  |        |           |   |                                    |                     |           |         |                                |  |                   |         |                  |  |                          |         |                    |  |         |         |                               |                |                                      |         |   |  |         |          |   |  |        |        |  |  |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                           |  |  |  |                                    |  |  |  |                     |  |      |  |
| Fee Code  | Fee Code   |  |                 |                          |                |          |          |  |         |         |                    |                                     |         |         |                   |   |         |         |                  |                           |         |           |                    |  |         |          |                        |  |                     |            |            |   |              |              |                |   |                                    |              |          |  |  |             |         |   |                     |           |         |  |              |              |                 |   |          |          |         |                  |        |         |                        |  |        |         |                                   |                          |         |           |                                       |   |        |         |   |                                  |        |           |   |                                    |                     |           |         |                                |  |                   |         |                  |  |                          |         |                    |  |         |         |                               |                |                                      |         |   |  |         |          |   |  |        |        |  |  |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                           |  |  |  |                                    |  |  |  |                     |  |      |  |
| 104 740   | 201 370  | Utility filing fee   | 740.00          |                          |                |          |          |  |         |         |                    |                                     |         |         |                   |   |         |         |                  |                           |         |           |                    |  |         |          |                        |  |                     |            |            |   |              |              |                |   |                                    |              |          |  |  |             |         |   |                     |           |         |  |              |              |                 |   |          |          |         |                  |        |         |                        |  |        |         |                                   |                          |         |           |                                       |   |        |         |   |                                  |        |           |   |                                    |                     |           |         |                                |  |                   |         |                  |  |                          |         |                    |  |         |         |                               |                |                                      |         |   |  |         |          |   |  |        |        |  |  |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                           |  |  |  |                                    |  |  |  |                     |  |      |  |
| 106 330   | 206 165  | Design filing fee  |                 |                          |                |          |          |  |         |         |                    |                                     |         |         |                   |   |         |         |                  |                           |         |           |                    |  |         |          |                        |  |                     |            |            |   |              |              |                |   |                                    |              |          |  |  |             |         |   |                     |           |         |  |              |              |                 |   |          |          |         |                  |        |         |                        |  |        |         |                                   |                          |         |           |                                       |   |        |         |   |                                  |        |           |   |                                    |                     |           |         |                                |  |                   |         |                  |  |                          |         |                    |  |         |         |                               |                |                                      |         |   |  |         |          |   |  |        |        |  |  |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                           |  |  |  |                                    |  |  |  |                     |  |      |  |
| 107 510   | 207 255  | Plant filing fee   |                 |                          |                |          |          |  |         |         |                    |                                     |         |         |                   |   |         |         |                  |                           |         |           |                    |  |         |          |                        |  |                     |            |            |   |              |              |                |   |                                    |              |          |  |  |             |         |   |                     |           |         |  |              |              |                 |   |          |          |         |                  |        |         |                        |  |        |         |                                   |                          |         |           |                                       |   |        |         |   |                                  |        |           |   |                                    |                     |           |         |                                |  |                   |         |                  |  |                          |         |                    |  |         |         |                               |                |                                      |         |   |  |         |          |   |  |        |        |  |  |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                           |  |  |  |                                    |  |  |  |                     |  |      |  |
| 108 740   | 208 370  | Reissue filing fee   |                 |                          |                |          |          |  |         |         |                    |                                     |         |         |                   |   |         |         |                  |                           |         |           |                    |  |         |          |                        |  |                     |            |            |   |              |              |                |   |                                    |              |          |  |  |             |         |   |                     |           |         |  |              |              |                 |   |          |          |         |                  |        |         |                        |  |        |         |                                   |                          |         |           |                                       |   |        |         |   |                                  |        |           |   |                                    |                     |           |         |                                |  |                   |         |                  |  |                          |         |                    |  |         |         |                               |                |                                      |         |   |  |         |          |   |  |        |        |  |  |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                           |  |  |  |                                    |  |  |  |                     |  |      |  |
| 114 160   | 214 80   | Provisional filing fee   |                 |                          |                |          |          |  |         |         |                    |                                     |         |         |                   |   |         |         |                  |                           |         |           |                    |  |         |          |                        |  |                     |            |            |   |              |              |                |   |                                    |              |          |  |  |             |         |   |                     |           |         |  |              |              |                 |   |          |          |         |                  |        |         |                        |  |        |         |                                   |                          |         |           |                                       |   |        |         |   |                                  |        |           |   |                                    |                     |           |         |                                |  |                   |         |                  |  |                          |         |                    |  |         |         |                               |                |                                      |         |   |  |         |          |   |  |        |        |  |  |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                           |  |  |  |                                    |  |  |  |                     |  |      |  |
| <b>SUBTOTAL (1)</b>   |  |  | (\$) 740.00     |                          |                |          |          |  |         |         |                    |                                     |         |         |                   |   |         |         |                  |                           |         |           |                    |  |         |          |                        |  |                     |            |            |   |              |              |                |   |                                    |              |          |  |  |             |         |   |                     |           |         |  |              |              |                 |   |          |          |         |                  |        |         |                        |  |        |         |                                   |                          |         |           |                                       |   |        |         |   |                                  |        |           |   |                                    |                     |           |         |                                |  |                   |         |                  |  |                          |         |                    |  |         |         |                               |                |                                      |         |   |  |         |          |   |  |        |        |  |  |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                           |  |  |  |                                    |  |  |  |                     |  |      |  |
| Total Claims  | Extra Claims   | Fee from below   | Total           |                          |                |          |          |  |         |         |                    |                                     |         |         |                   |   |         |         |                  |                           |         |           |                    |  |         |          |                        |  |                     |            |            |   |              |              |                |   |                                    |              |          |  |  |             |         |   |                     |           |         |  |              |              |                 |   |          |          |         |                  |        |         |                        |  |        |         |                                   |                          |         |           |                                       |   |        |         |   |                                  |        |           |   |                                    |                     |           |         |                                |  |                   |         |                  |  |                          |         |                    |  |         |         |                               |                |                                      |         |   |  |         |          |   |  |        |        |  |  |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                           |  |  |  |                                    |  |  |  |                     |  |      |  |
| Independent Claims: 34 - 20** = 14  | 14 X 18.00 =   | \$252.00   |                 |                          |                |          |          |  |         |         |                    |                                     |         |         |                   |   |         |         |                  |                           |         |           |                    |  |         |          |                        |  |                     |            |            |   |              |              |                |   |                                    |              |          |  |  |             |         |   |                     |           |         |  |              |              |                 |   |          |          |         |                  |        |         |                        |  |        |         |                                   |                          |         |           |                                       |   |        |         |   |                                  |        |           |   |                                    |                     |           |         |                                |  |                   |         |                  |  |                          |         |                    |  |         |         |                               |                |                                      |         |   |  |         |          |   |  |        |        |  |  |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                           |  |  |  |                                    |  |  |  |                     |  |      |  |
| Multiple Dependent Claims: 4 - 3** = 1  | 1 X 84.00 =  | \$84.00  |                 |                          |                |          |          |  |         |         |                    |                                     |         |         |                   |   |         |         |                  |                           |         |           |                    |  |         |          |                        |  |                     |            |            |   |              |              |                |   |                                    |              |          |  |  |             |         |   |                     |           |         |  |              |              |                 |   |          |          |         |                  |        |         |                        |  |        |         |                                   |                          |         |           |                                       |   |        |         |   |                                  |        |           |   |                                    |                     |           |         |                                |  |                   |         |                  |  |                          |         |                    |  |         |         |                               |                |                                      |         |   |  |         |          |   |  |        |        |  |  |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                           |  |  |  |                                    |  |  |  |                     |  |      |  |
| <b>SUBTOTAL (2)</b>   |  |  | (\$) 336.00     |                          |                |          |          |  |         |         |                    |                                     |         |         |                   |   |         |         |                  |                           |         |           |                    |  |         |          |                        |  |                     |            |            |   |              |              |                |   |                                    |              |          |  |  |             |         |   |                     |           |         |  |              |              |                 |   |          |          |         |                  |        |         |                        |  |        |         |                                   |                          |         |           |                                       |   |        |         |   |                                  |        |           |   |                                    |                     |           |         |                                |  |                   |         |                  |  |                          |         |                    |  |         |         |                               |                |                                      |         |   |  |         |          |   |  |        |        |  |  |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                           |  |  |  |                                    |  |  |  |                     |  |      |  |
| Large Entity  | Small Entity   | Fee Description  | Fee Paid        |                          |                |          |          |  |         |         |                    |                                     |         |         |                   |   |         |         |                  |                           |         |           |                    |  |         |          |                        |  |                     |            |            |   |              |              |                |   |                                    |              |          |  |  |             |         |   |                     |           |         |  |              |              |                 |   |          |          |         |                  |        |         |                        |  |        |         |                                   |                          |         |           |                                       |   |        |         |   |                                  |        |           |   |                                    |                     |           |         |                                |  |                   |         |                  |  |                          |         |                    |  |         |         |                               |                |                                      |         |   |  |         |          |   |  |        |        |  |  |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                           |  |  |  |                                    |  |  |  |                     |  |      |  |
| Fee Code  | Fee Code   |  |                 |                          |                |          |          |  |         |         |                    |                                     |         |         |                   |   |         |         |                  |                           |         |           |                    |  |         |          |                        |  |                     |            |            |   |              |              |                |   |                                    |              |          |  |  |             |         |   |                     |           |         |  |              |              |                 |   |          |          |         |                  |        |         |                        |  |        |         |                                   |                          |         |           |                                       |   |        |         |   |                                  |        |           |   |                                    |                     |           |         |                                |  |                   |         |                  |  |                          |         |                    |  |         |         |                               |                |                                      |         |   |  |         |          |   |  |        |        |  |  |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                           |  |  |  |                                    |  |  |  |                     |  |      |  |
| 103 18  | 203 9  | Claims in excess of 20   |                 |                          |                |          |          |  |         |         |                    |                                     |         |         |                   |   |         |         |                  |                           |         |           |                    |  |         |          |                        |  |                     |            |            |   |              |              |                |   |                                    |              |          |  |  |             |         |   |                     |           |         |  |              |              |                 |   |          |          |         |                  |        |         |                        |  |        |         |                                   |                          |         |           |                                       |   |        |         |   |                                  |        |           |   |                                    |                     |           |         |                                |  |                   |         |                  |  |                          |         |                    |  |         |         |                               |                |                                      |         |   |  |         |          |   |  |        |        |  |  |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                           |  |  |  |                                    |  |  |  |                     |  |      |  |
| 102 84  | 202 42   | Independent claims in excess of 3  |                 |                          |                |          |          |  |         |         |                    |                                     |         |         |                   |   |         |         |                  |                           |         |           |                    |  |         |          |                        |  |                     |            |            |   |              |              |                |   |                                    |              |          |  |  |             |         |   |                     |           |         |  |              |              |                 |   |          |          |         |                  |        |         |                        |  |        |         |                                   |                          |         |           |                                       |   |        |         |   |                                  |        |           |   |                                    |                     |           |         |                                |  |                   |         |                  |  |                          |         |                    |  |         |         |                               |                |                                      |         |   |  |         |          |   |  |        |        |  |  |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                           |  |  |  |                                    |  |  |  |                     |  |      |  |
| 104 260   | 204 140  | Multiple Dependent claim, if not paid                                      |                 |                          |                |          |          |  |         |         |                    |                                     |         |         |                   |   |         |         |                  |                           |         |           |                    |  |         |          |                        |  |                     |            |            |   |              |              |                |   |                                    |              |          |  |  |             |         |   |                     |           |         |  |              |              |                 |   |          |          |         |                  |        |         |                        |  |        |         |                                   |                          |         |           |                                       |   |        |         |   |                                  |        |           |   |                                    |                     |           |         |                                |  |                   |         |                  |  |                          |         |                    |  |         |         |                               |                |                                      |         |   |  |         |          |   |  |        |        |  |  |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                           |  |  |  |                                    |  |  |  |                     |  |      |  |
| 109 84  | 209 42   | **Reissue independent claims over original patent                          |                 |                          |                |          |          |  |         |         |                    |                                     |         |         |                   |   |         |         |                  |                           |         |           |                    |  |         |          |                        |  |                     |            |            |   |              |              |                |   |                                    |              |          |  |  |             |         |   |                     |           |         |  |              |              |                 |   |          |          |         |                  |        |         |                        |  |        |         |                                   |                          |         |           |                                       |   |        |         |   |                                  |        |           |   |                                    |                     |           |         |                                |  |                   |         |                  |  |                          |         |                    |  |         |         |                               |                |                                      |         |   |  |         |          |   |  |        |        |  |  |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                           |  |  |  |                                    |  |  |  |                     |  |      |  |
| 110 18  | 210 9  | **Reissue claims in excess of 20 and over original patent                  |                 |                          |                |          |          |  |         |         |                    |                                     |         |         |                   |   |         |         |                  |                           |         |           |                    |  |         |          |                        |  |                     |            |            |   |              |              |                |   |                                    |              |          |  |  |             |         |   |                     |           |         |  |              |              |                 |   |          |          |         |                  |        |         |                        |  |        |         |                                   |                          |         |           |                                       |   |        |         |   |                                  |        |           |   |                                    |                     |           |         |                                |  |                   |         |                  |  |                          |         |                    |  |         |         |                               |                |                                      |         |   |  |         |          |   |  |        |        |  |  |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                           |  |  |  |                                    |  |  |  |                     |  |      |  |
| <b>SUBTOTAL (2)</b>   |  |  | (\$) 336.00     |                          |                |          |          |  |         |         |                    |                                     |         |         |                   |   |         |         |                  |                           |         |           |                    |  |         |          |                        |  |                     |            |            |   |              |              |                |   |                                    |              |          |  |  |             |         |   |                     |           |         |  |              |              |                 |   |          |          |         |                  |        |         |                        |  |        |         |                                   |                          |         |           |                                       |   |        |         |   |                                  |        |           |   |                                    |                     |           |         |                                |  |                   |         |                  |  |                          |         |                    |  |         |         |                               |                |                                      |         |   |  |         |          |   |  |        |        |  |  |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                           |  |  |  |                                    |  |  |  |                     |  |      |  |
| Name (Print/Type)   |  | Registration No.   |                 | Complete (if applicable) |                |          |          |  |         |         |                    |                                     |         |         |                   |   |         |         |                  |                           |         |           |                    |  |         |          |                        |  |                     |            |            |   |              |              |                |   |                                    |              |          |  |  |             |         |   |                     |           |         |  |              |              |                 |   |          |          |         |                  |        |         |                        |  |        |         |                                   |                          |         |           |                                       |   |        |         |   |                                  |        |           |   |                                    |                     |           |         |                                |  |                   |         |                  |  |                          |         |                    |  |         |         |                               |                |                                      |         |   |  |         |          |   |  |        |        |  |  |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                           |  |  |  |                                    |  |  |  |                     |  |      |  |
| Donna Jo Coningsby  |  | 41,684   |                 | Telephone                | (503) 684-6200 |          |          |  |         |         |                    |                                     |         |         |                   |   |         |         |                  |                           |         |           |                    |  |         |          |                        |  |                     |            |            |   |              |              |                |   |                                    |              |          |  |  |             |         |   |                     |           |         |  |              |              |                 |   |          |          |         |                  |        |         |                        |  |        |         |                                   |                          |         |           |                                       |   |        |         |   |                                  |        |           |   |                                    |                     |           |         |                                |  |                   |         |                  |  |                          |         |                    |  |         |         |                               |                |                                      |         |   |  |         |          |   |  |        |        |  |  |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                           |  |  |  |                                    |  |  |  |                     |  |      |  |
| Signature: <i>Donna Jo Coningsby</i>  |  |  |                 | Date                     | 11/14/01       |          |          |  |         |         |                    |                                     |         |         |                   |   |         |         |                  |                           |         |           |                    |  |         |          |                        |  |                     |            |            |   |              |              |                |   |                                    |              |          |  |  |             |         |   |                     |           |         |  |              |              |                 |   |          |          |         |                  |        |         |                        |  |        |         |                                   |                          |         |           |                                       |   |        |         |   |                                  |        |           |   |                                    |                     |           |         |                                |  |                   |         |                  |  |                          |         |                    |  |         |         |                               |                |                                      |         |   |  |         |          |   |  |        |        |  |  |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                           |  |  |  |                                    |  |  |  |                     |  |      |  |

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